

**Northwestern Illinois Community Action Agency**  
**SCHOLARSHIP PROGRAM APPLICATION**  
**2020**

Please Note: In order for your application to be considered you must:

1. Attach a transcript from your present or last school if available.
2. Provide proof of your family's gross income for the past **30 days** (letter from Public Aid, copies of checks, wage stubs, child support, etc.) Income documentation must be for all household members.

**PERSONAL DATA**

Name: \_\_\_\_\_ Sex:      Male      Female

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ U.S. Citizen:      YES      NO

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Marital Status:      Single      Married      Divorced      Widow/Widower

School Presently Attending or Last Attended: \_\_\_\_\_

Expected Date of Graduation: \_\_\_\_\_

**HOUSEHOLD MEMBERS AND INCOME DOCUMENTATION**

Number in Household: \_\_\_\_\_

Names and relationship of household members:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_



## REFERENCES

Please provide the names, relationship, addresses, and telephone numbers of two references (*FAMILY MEMBERS CANNOT ACT AS REFERENCES*). Letters of reference from the persons listed below are also required.

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

## AFFIDAVIT

*I attest to the fact that the above is an accurate and complete disclosure of the requested information to the best of my knowledge. I understand that to perjure myself in order to obtain assistance is a fraudulent offense. I further understand that I may be required to provide additional information and that information I have submitted will be verified by Northwestern Illinois Community Action Agency.*

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date